A Few Words

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The strategic plan of ESCP

Only a few weeks ago the most important ESCP event of the year – the autumn symposium – took place in Lisbon. The main topic was medicines information and how this contributes to better decision making. To sharing and exchange of information is the unwritten main purpose of any event of this kind, and this transfer of information reaches far beyond the scientific programme where speakers and the audience interact. The autumn symposium is one of the very rare occasions where the members of our society gather, where they meet old friends and find new ones, an occasion where we come together from all over Europe and from other distant parts of the world like a big family does to celebrate Christmas, and an occasion where the leadership of ESCP can meet face to face and not only virtually as during the rest of the year in Skype conferences, telephone meetings or e-mail correspondence.

These real meetings are – in my experience – the most important drivers to bring an organisation forward. For this reason a great number of formal meetings of committees and between committees, along with informal meetings take place before, during and after the symposium. For example the General Committee met for a whole day before the conference, all the committees, the research, the education, the communication committee, and the SIG council have their meetings, scientific and organisational committees for next conferences or workshops also meet in this period. To report on all the discussions and decisions would fill pages and it is therefore not the right place to do it here. However, I would like to point out some topics from these many meetings which from my perception as president are of significant importance for ESCP.

1/ Perhaps you remember the survey sent out by ESCP about "clinical pharmacy/pharmaceutical care" during this year. We have got the results which have been discussed also in the GC meeting. The survey gives a very interesting and valuable insight in the practice of clinical pharmacy and pharmaceutical care across Europe and reveals important aspects for the definition of either of the terms. Our two GC members, Tobias Dreischulte and Fernando Fernandez-Llimos, are close to finalising a publication on this survey. The GC will, based on these findings, continue in the process of elaborating a new definition of clinical pharmacy. In this process a broad participation of our members will be important. A clear, precise and well accepted definition of clinical pharmacy as a scientific discipline and a pharmaceutical practice is indispensable for many purposes.

2/ One of these purposes is to give the events of ESCP a clear profile. ESCP should be recognized as THE leading European society for clinical pharmacy and clinical pharmacists. To achieve, all topics of and contributions to ESCP conferences ought to be within the scope of clinical pharmacy. One way to maintain the focus on clinical pharmacy is the abstract review process. This topic has caused some controversial discussion in the past.

Both reviewers and submitters, have not always been fully satisfied with the process. In order to improve the review process, and establish reliable and transparent criteria, thorough discussions have taken place during the past few months, but especially during the autumn symposium in different committees.

For me personally the most important point in all the discussions was that in the end we all have agreed that the review process should be encouraging for young researchers to present their work in our conferences. This means that not only perfectly designed studies should get the chance to be accepted as an oral communication but also contributions showing innovative ideas or having the potential to initiate a scientific debate to advance clinical pharmacy.

3/ What I have reported so far here goes in parallel with the strategic planning of ESCP which we presented in the General Assembly 2014. Since this presentation all the committees have taken the opportunity to discuss the strategic planning and were working on the question of what their specific contribution should be. It was for me as president a great pleasure to see during the Lisbon conference how the spirit of the new strategy has reached the committees, how ideas have been generated and how enthusiastically some people have got involved in the process. A good beginning is made, but for the next two to five years it will be a challenge to keep on track. To support us all to do so, the GC appointed our past president, Siska Desplenter, as a change manager. She is committed to helping us in the process, to reach milestones and to keep an eye on timelines.

As I mentioned in the beginning of this article, conferences are a perfect occasion to share information. I wish for all of us that we can use this information, whether it is scientific, organisational or personal information, for better decisions and better practice. Always remember Steve Hudson who used to say: "Information is not knowledge, knowledge is not understanding, understanding is not wisdom, wisdom is not empathy, empathy is not care."

Markus Lampert
markus.lampert@ksbl.ch

The overall aim of the Society is to develop and promote the rational and appropriate use of medicines by the individual and by society.

**Education/work activity**
After earning my master degree in pharmacy at the University of Utrecht (The Netherlands), I started a PhD in Pharmaceutical Sciences in the domain of Virology and completed this in 2007. During this time, I followed the Master-after-Master programme in Industrial Pharmacy and received this degree in 1999. I also kept working in community pharmacies since my graduation. In 2007 and despite this rather atypical background, I was offered a position at the department of Clinical Pharmacology and Pharmacotherapy in the University Hospital of Brussels (UZ Brussels) where I coordinate the clinical pharmacy programme among other things. As the secretary of the Drugs and Therapeutics Committee, I also have the privilege to come in contact with many aspects of medicines ranging from pharmacovigilance to pharmaeco-economics and from pharmacology to policy making. In 2010, I was appointed as assistant professor at the VUB teaching pharmaceutical care to final year pharmacy students and aspects of clinical pharmacy to hospital pharmacy students. Altogether, the combination of these duties is quite demanding but incredibly interesting and provides a lot of satisfaction.

**Personal drivers**
As (1) 3-5% of all hospital admissions are related to (often preventable) drug related problems, (2) half of the patients do not adhere to their pharmacotherapy and (3) the cost-effectiveness of pharmacotherapy can still be optimised, my personal driver is to improve the effectiveness, safety, cost-effectiveness and patient-satisfaction with pharmacotherapy.

**ESCP activities**
I love to collaborate with other ESCP-members in order to improve pharmaceutical care, improve patient adherence, cost-effectiveness and patient/safety with pharmacotherapy. Keeping this in mind, I therefore collaborate with other healthcare professionals in order to develop pharmaceutical care programs and educational programs. In order to identify and quantify the outcomes of pharmaceutical care my research interests are currently focused on Individualised Pharmacotherapy including medication adherence, medication review, transitional care, therapeutic drug monitoring of biologicals, inflammatory (rheumatic) pain and medication wastage.

Who’s who? Bart van den Bemt
New GC member

Bart van den Bemt, born on the 16th of February 1973 in Watermaal-Bosvoorde, Belgium.

**Education/work activity**
After obtaining my master degree of pharmacy at the Free University of Brussels (VUB, Belgium) in 1996, I started a PhD in Pharmaceutical Sciences in the domain of Virology and completed this in 2007. During this time, I followed the Master-after-Master programme in Industrial Pharmacy and received this degree in 1999. I also kept working in community pharmacies since my graduation. In 2007 and despite this rather atypical background, I was offered a position at the department of Clinical Pharmacology and Pharmacotherapy in the University Hospital of Brussels (UZ Brussels) where I coordinate the clinical pharmacy programme among other things. As the secretary of the Drugs and Therapeutics Committee, I also have the privilege to come in contact with many aspects of medicines ranging from pharmacovigilance to pharmaeco-economics and from pharmacology to policy making. In 2010, I was appointed as assistant professor at the VUB teaching pharmaceutical care to final year pharmacy students and aspects of clinical pharmacy to hospital pharmacy students. Altogether, the combination of these duties is quite demanding but incredibly interesting and provides a lot of satisfaction.

**Professional personal drivers/interests**
The combination of both working in the community pharmacy setting as well as in a hospital made me realise that a lot of drug related problems arise from communication gaps between the different health care settings. These gaps are potentially life-threatening and consequently have to be avoided as much as possible. Developing transmural/seamless care programmes is a way to mitigate these problems. As a consultant to the Belgian Federal Health Department I try to raise awareness for and stimulate the creation of such programmes thereby working together with fellow pharmacists as well as other health care professionals, e.g., physicians, nurses and members of hospital boards. Apart from collaborative care and shared decision making, I am particularly interested in clinical decision support system (CDS) incorporating medications and patient characteristics (e.g. drug-drug, drug-disease and drug/laboratory CDS). The vast amount of medical information makes it (almost) impossible to keep track or to always apply this knowledge correctly at the individual patient level. I believe that performant CDS can increase patient safety and free up time for e.g. pharmacists to spend more time on patient counselling or the analysis of complex cases. In that respect it could be an good idea to create an ESCP SIG on CDS. My other research interests currently include antithrombotics, medication adherence, medication review and pharmacovigilance.

**ESCP activities**
I’m an ESCP member since 2008 and believe that knowledge sharing is fundamental to improving patient safety. Exchanging ideas with fellow pharmacists, attending and giving presentations and/or moderating workshops are great ways to achieve this goal and are the core of the society. That’s the reason why in 2015 I decided to apply for the vacant General Committee (GC) position for an ESCP member from Belgium and was honoured to be elected. Within the GC, the Education Committee and the Vision and Mission portfolio I will do my utmost to serve and reinforce all aspects of clinical pharmacy.

Stephane Steurbaut
Stephane.Steurbaut@uzbrussel.be

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New GC member

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In memory of Chiel Hekster (1947-2015)

Prof. dr. Chiel Hekster, past president and fellow of the European Society of Clinical Pharmacy (ESCP), deceased on November 17th 2015. Chiel Hekster was, besides many other additional functions, Professor Emeritus of the Department of Clinical Pharmacy at the Radboud University Medical Centre. Our profession owes him a big debt of gratitude. Although we will miss Chiel, his influence on clinical pharmacy will live on.

Chiel was born in 1947 in Bandung, Indonesia, and later moved with his parents to the Netherlands. After earning his degree as pharmacist in 1972, Chiel fulfilled his military service at the Military Blood Transfusion Service in Amsterdam. His involvement with blood products was continued after his military service, when he assigned the job as head of the Pharmaceutical Laboratory of the production department of the Central Laboratory of the Netherlands Red Cross Blood Transfusion Service (CLB).

In 1976 Chiel moved to Nijmegen to carry out both his doctoral study and his training as hospital pharmacist. The title of his thesis was: “Selection criteria for antimicrobial drug utilisation” which he defended on June 3, 1983. During the 34 years in Nijmegen, Chiel was the personification of a patient-oriented, innovative clinical pharmacy. He introduced, for example, ward based pharmacy services performed by pharmacy technicians.

Besides his clinical activities Chiel was also a trainer of hospital pharmacist and clinical pharmacologists, and a member of the Medical Research and Ethics Committees, the antibiotic committee and department head (1994-2000). Meanwhile he registered as clinical pharmacologist (1993) and was appointed in 1998 as Professor of Clinical Pharmacy at the Radboud University Nijmegen. He continued this chair until 2010 when he retired. Chiel’s research I focused on many areas such as antibiotics, epilepsy and drug safety. He successfully supervised more than 20 PhD students.

Besides his work at the Radboud University Medical Centre, Chiel had many other positions. He played an active role in the Dutch Association of Hospital Pharmacists, especially with respect to education, research and patient oriented pharmacy. Furthermore, Chiel was member of the Dutch Medicines Evaluation Board (1992 - 2015), member and chairman of the advisory board of the Netherlands Pharmacovigilance Centre Lareb (1997 - 2010), and editor of the Dutch Pharmaceutical Journal & PW Scientific Edition (1986-1991).

Among others, Chiel was internationally involved as president of the European Society for Clinical Pharmacy (2000-2002) and member of the WHO Drug Utilization Research Group (1978-1995).

Chiel was a passionate and enthusiastic figurehead for clinical pharmacy. We will miss his original and unconventional thinking, reflections, cordiality and collegiality and are grateful to him for everything he did for us and the patients.

For the next two years, Siska Desplenter will further support the ESCP General Committee as ‘process manager’. The aim of this function is to guarantee the implementation of the ESCP strategic plan for the future as it was presented during the General Assembly 2014 in Copenhagen. Siska will support the GC in this task by defining milestones of the strategic items, defining and follow-up on deadlines.

New composition of the GC
Markus Lampert (CH), President
Tobias Dreischulte (UK), secretary
Olivier Bourdon (F), Treasurer
Daniela Scala (I), member
Anne Gerd Granås (N), member
Fernando Fernandez-Llimos (PT), member

New GC members (see Who’s who p.2)
- Bart van den Bermt (NL)
B.vandenbermt@maartenskliniek.nl
- Stephane Steurbaut (B)
stephane.steurbaut@uzbrussel.be

The best oral communication winner (CP-PC010) is Sanne Verdoorn (s.verdoorn@sirstevenshof.nl), from Leiden & Utrecht, Netherlands, for “A comparison of drug-related problems before and after the introduction of a clinical decision support system during medication review”.

Congratulations to the winners!
On behalf of the European Society of Clinical Pharmacy we thank your participation in the 44th ESCP Symposium in Lisbon, Portugal.

The main theme of the symposium was “Medicines Information – making better decisions” with the focus on Medicines Information”.

Regardless of which definition of clinical pharmacy is used, clinical decision making is fundamental to improve the current drug therapy of patients and also to drug therapy outcomes. However due to the rapid growth of the therapeutic portfolio, clinical pharmacist may not have enough knowledge to make some clinical decisions.

Medicines information is usually defined as a knowledge that a healthcare professional lacks and has to access during the clinical decision-making process. It is essential to assess the quality of the information by considering its accessibility, reliability, completeness and applicability. New technologies may improve access to medicines information, but are associated with new requirements related to their special characteristics.

The scientific components began with a Master Class of Excellence in Pharmacy as a pre-scientific day about “Practice Research: easing the progress from research idea to research proposal”. A research idea into a research proposal can appear a daunting task, whether it relates to project to be conducted as part of everyday clinical practice or an application to a grant awarding body for large sums of money. The participants improved their knowledge, understanding and skills relating to research proposal development.

In the first day, Wednesday 28, the topic was “Official Medicines Information Sources” in the morning, we had as invited speakers Guido Rasi, Executive Director European Medicines Agency (EMA) and Bruno Sepodes, chair of the Committee for Orphan Medicinal Products, also from EMA; in the afternoon the topic was “The futures of medicines information” with Hanna Seidling, Melinda Cuthbert and David Woods, presenting on “Clinical decision support systems – what help do they offer, what harm can they bring?”, also “Medicines information education – equipping the next generation of pharmacists” and “Creation of a national dataset of drug and groups for clinical decision support – a focus on drug allergy”, respectively.

In the second day, Thursday 29, the topic was “Drug Industry as medicines information providers” in the morning presenters were Helder Mota-Filipe with “Information and risk management”, Ana Nogueira “From science to value, from medicines to people” and Tim Reed “Fifty shades of grey: where does information stop and advertising start?”, in the afternoon about “Drug Information Centres” there were topics and lectures “Combining explicit criteria and implicit human judgment in multidisciplinary medication chart review in older adults: a complex exercise in clinical decision making with physicians, pharmacist and nurses” by Robert Vander Stichele, “Translating official medicines information into practical tools for pharmacists” by Sophie Sarre and “Medicines information services, traditional and modern: evidence/practice – based support for the pharmacist and the patient” by Lelie-van der Zande.

Last day, Friday 30 the presentations were about “Evidence-Based decision making” with “Interpreting the evidence; challenges when making decision about funding drugs” by Amanda Adler, “Where health economics meet evidence-based decision making” by Barbara Claus and “Pharmacists in primary care: evidence-based practice is more than the outcomes” by Karen Farris.

All day was scheduled as a sequence of 20 workshops organized by the different special interest groups of ESCP, Research and Education Committee, General Committee of ESCP and also some chosen by the Scientific Committee of the 2015 Lisbon ESCP Symposium. The topics were:

WS 01. Successful scientific writing: getting conference abstracts accepted;
WS 02. Successful scientific writing - original research papers;
WS 03. Planning and running a workshop;
WS 04. Evaluating clinical pharmacy services – a research clinical workshop;
WS 05. Identifying and improving adherence: a shared effort for patients and clinical pharmacists;
WS 06. Probiotic supplements uses, safety and clinical effect;
WS 07. An app for ethics - to recognize and solve ethical problems in pharmacy practice and research;
WS 08. The active role of medicines information pharmacists in Evidence Based Practice and medicines optimisation;
WS 09. Implementation and quality control with the Model for improvement;
WS 10. Making better decisions based on medicines information – how to find and critically appraise relevant literature;
WS 11. Patient safety through advanced clinical decision support systems in your pharmacy;
WS 12. Understanding and evaluating systematic reviews and meta-analyses;
WS 13. Making a difference to medication safety – understanding medication errors to develop local improvement strategies;
WS 14. Information Pharmacist – do you fulfil your role?;
WS 15. Herb-drug interactions as one of the possible causes of chemotherapy failure;
WS 17. Best practices to improve self-management of oral ononoliotics;
WS 18. How providing an accurate answer to a clinical question within 10 minutes;
WS 19. How to select and implement clinical decision support systems;
WS 20. From adherence to concordance - role of the clinical pharmacist.

There was a variety of clinical pharmacy research and practical work represented by 20 oral communications, and around 200 posters of which them 20 were also presented in a oral session and to complete the previous plan have on Thursday (12-12:30) we had the Steve Hudson Lecture. With this programme we contributed to opening the minds and expectations of the clinical pharmacists to access up to date medicines information, filtering the knowledge to generate the evidence that may be required to make the best possible orientation to the pharmacists, nurses and patient. We discussed all these topics in Lisbon and we have learned about the correct decisions, that patients need to have good outcomes with safe drugs uses.

With the social program we felt the friendship and enthusiasm of the participant and we must say thanks for all. You have learned about Lisbon and about the ESCP. Thanks for coming!
The ESCP Masterclass was attended by seven participants from across Europe and wider afield, with varying levels of experience in pharmacy practice research and research protocol development.

The overall aim of the Masterclass was to lead participants through the key stages of proposal development, enabling them to turn a research idea into a research proposal. Emphasis was placed on developing transferable skills appropriate to any research proposal, irrespective of the amount of funding or even no funding being available.

Sessions were a blend of plenaries, small group working, feedback and discussion. These covered key issues of:

**The generic sections of any research proposal**
- The criteria used by reviewers in assessing a research proposal for example

In granting financial support, priority is given to the following applicants:
- ESCP Members, taking into account the duration of their membership;
- Applicants whose abstracts have been accepted for presentation as oral communication or in the poster discussion forum during the symposium;
- Applicants with the most experience in clinical pharmacy, which will be determined by the quality of abstract(s) submitted and the applicants' Curriculum Vitae;
- Applicants who have not previously received financial support from ESCP.

Table: Financial support winners for the Lisbon Symposium

<table>
<thead>
<tr>
<th>Dujrudee Chinwong from Thailand: Abstracts</th>
<th>CP-CE002 Training pharmacy students on providing smoking cessation at the University Pharmacy: a lesson learned from Thailand.</th>
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<td>CP-PC017 Community pharmacists' activities on providing smoking cessation services: Thailand.</td>
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<td>HP-PC093 Implementation of medication reconciliation and medication review services conducted by pharmacist in hospitalized COPD patients.</td>
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<tr>
<td>Betul Okuyan from Turkey: Abstracts</td>
<td>CP-PC008 Determination of potential drug-drug interactions by using various software programs at community pharmacy setting.</td>
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<td>D01026 Determination of potential drug-drug interaction in oncology patients.</td>
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<td></td>
<td>HP-PC093 Implementation of medication reconciliation and medication review services conducted by pharmacist in hospitalized COPD patients.</td>
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<td>HP-PC102 Determination of potential drug-drug interactions by using various drug interaction software programs at hospital pharmacy setting.</td>
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<td>HP-PC105 Evaluation of potentially inappropriate medication use and drug burden index in elderly patients with cancer.</td>
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<tr>
<td>Oyslan Paksoy from Turkey: Abstract</td>
<td>HP-PC105 Evaluation of potentially inappropriate medication use and drug burden index in elderly patients with cancer.</td>
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<tr>
<td>Mesut Sancar from Turkey: Abstracts</td>
<td>P-PC006 Determination of potential drug-drug interactions by using various software programs at community pharmacy setting.</td>
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<td>D0006 Determination of potentially drug-drug interaction in oncology patients.</td>
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<td>D0226 Assessment of attitude and knowledge in patients utilizing disposable insulin pens at community pharmacy setting.</td>
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<td>HP-PC029 Medication Care Impact on Certain Biochemical Levels in Diabetic Cancer Patients.</td>
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<td>HP-PC102 Determination of potential drug-drug interactions by using various drug interaction software programs at hospital pharmacy setting.</td>
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<td></td>
<td>HP-PC105 Evaluation of potentially inappropriate medication use and drug burden index in elderly patients with cancer.</td>
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<td></td>
<td>HP-PC120 Determination of pharmaceutical care needs in patients with colon cancer at an ambulatory setting.</td>
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<tr>
<td>Songül Tezcan from Turkey: Abstracts</td>
<td>CP-PC008 Determination of pharmaceutical care needs in patients with colon cancer at an ambulatory setting.</td>
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<td>HP-PC105 Determination of potential drug-drug interactions by using various drug interaction software programs at hospital pharmacy setting.</td>
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<td>HP-PC120 Evaluation of potentially inappropriate medication use and drug burden index in elderly patients with cancer.</td>
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<td>PT012 Observation of dominant occurrence of radiotherapy related acute side effects and management.</td>
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In providing financial support, ESCP would like to assist in the education of clinical pharmacists in developing countries. A way of doing this is to make the ESCP symposia more accessible for pharmacists from these countries. ESCP therefore offers financial support, consisting of free registration to the 11th ESCP European Symposium on Clinical Pharmacy.

The pharmacist who requests financial assistance should live and work in a developing country. Here are the colleagues from Thailand and Turkey who get a benefit from granting of financial support.

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**Articles & Reports**

**5**

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**44th ESCP Symposium on Clinical Pharmacy**

**Lisbon, Portugal, 28-30 October 2015**

**Financial support for symposium attendees**

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**Masterclass Report**

**Excellence in Pharmacy Practice Research:**

**Easing the Progress from Research Idea to Research Proposal**

- Clarity of research aim and questions
- Appropriate methodology and method to answer the questions
- Likely impact and pathway to impact
- Value for money
- Team expertise
- Scientific and feasibility aspects of the ideal research team for example
- Expertise
- Psychological profiles
- Benefits of patient and public involvement in all stages of research from formulating research aims and questions to dissemination of research findings
- Resources required to conduct research and how to justify these
- The meaning of research impact and pathways to impact

Participants were encouraged to discuss their own research proposals and plans, and were encouraged to apply for the ESCP research grant which was announced at the conference. All benefited greatly from the sharing of experiences and networking opportunities provided throughout the Masterclass.

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**Moderators:**

Professor Derek Stewart, Dr John McAnaw
Professor Steve Hudson presented a lecture at the European Association of Faculties of Pharmacy (EAFP) conference in June 2010 highlighting that pharmacy students should be competent, effective and advanced practitioners once they leave university. However, in real life, many newly graduate pharmacists are unable to perform their professional work as expected. One important reason is that students have not been adequately trained with the necessary skills during their university studies. Professor Hudson identified 3 major factors that are the main barriers in preparing pharmacy students to achieve high levels of competency before they leave university.

1. **Language barrier:** Prof. Hudson has the opinion that pharmacy students have not been taught to speak the same language as doctors. It is a fact that, in the past, pharmacy students had a very limited opportunity to learn or practice working with doctors and other healthcare professionals in a clinical environment. Therefore, doctors may not provide pharmacists with important medical information about the patients' health status.

2. **University bias:** Until recently, universities have not recognised the importance for students of learning in the clinical working environment. In the past, the majority of Faculties of Pharmacies have been established based on pharmaceutical sciences concepts. Consequently, the majority of academic staff are experts in pharmaceutical sciences, such as pharmaceutical chemistry, pharmaceutical technology or pharmaceutical manufacturing. Thus, pharmacy students are more familiar working in the laboratory environment rather than working in the clinical environment.

3. **Real life clinical problems** are very complicated but pharmacy students are primarily trained to handle a single problem within a specialised concept. Professor Hudson emphasised that students are not prepared adequately prior to graduating for handling complex combinations of problems.

I totally agree with Professor Hudson's comments, our colleagues at the Faculty of Pharmacy at Chiang Mai University have been working very hard to break the three barriers identified. Since 2004, our faculty has offered a 6-year curriculum for pharmaceutical care (a PharmD program). This program was optional as a 5-year program that was consistent with the majority of University Pharmacy programs running in Thailand at that time. However, since 2010, this 6-year program has been mandatory for every pharmacy program in Thailand. Currently, there are two disciplines within this 6-year program: pharmaceutical sciences and pharmaceutical care.

Our current pharmaceutical care, PharmD program (revised in 2010) provides a contemporary professional curriculum with the essential knowledge and skills. Our goals are to educate pharmacy students to be highly qualified pharmacy practitioners. Beyond the classrooms and laboratories, our students have an opportunity to work and practice in the clinical environment and local community. Students in the first year are provided a general education e.g., general physics, mathematics and chemistry. In year 2 and 3, they are taught the core pharmacy components e.g., physiology, pharmacology, medical chemistry, pharmaceutical technology, toxicology and basic pharmacotherapy. At the end of the 3rd year, students are required to work within a local community. The students will stay with people within rural communities for 7 days where they will learn to identify and help solve health problems in the community they live in. In year four, the students learn more advanced pharmacotherapy and pharmaceutical care, dispensing, and counselling. After the end of year 4, the students will be trained at a general hospital for 5 weeks and at a community pharmacy for 5 weeks under the supervision of a qualified pharmacist. In the fifth year, students have the opportunity to learn more specialist topics in pharmaceutical care services and pharmaceutical care (elective and compulsory subjects).

The pharmaceutical care skill (a compulsory course) consists of 4 different areas in which students have to participate, including acute care, ambulatory care, community pharmacy (or drug store) care and local community. In the acute care setting, students learn from real patients on medical wards at the University Hospital. In ambulatory care setting, five outpatient clinics in three hospitals have been setup including, anticoagulation warfarin clinic, heart failure clinic, HIV clinic, oncology clinic and psychiatric clinic. Students identify drug therapy problems and give counseling to real patients under supervision of the faculty staff. In the community pharmacy setting, two university pharmacies have been setup. Students interview and assess real patients including dispensing medicines for these patients and provide home healthcare services under supervision of the faculty team. In the local community setting, students learn how to solve health problems and promote good health in the local community.

The problems may or may not related to drug therapy and most of the time students have to work with community members and leaders. This course has been prepared for students in order to make sure that they have sufficient knowledge and clinical skills before undertaking clerkships in the sixth year. During the sixth year, students take seven 6-week clinical clerkship rotations. Three clerkships are compulsory and four are elective. The three compulsory clerkships consist of acute care, ambulatory care and community pharmacy care. Students can choose any four of the provided clerkships as electives (e.g., clinical research, therapeutic drug monitoring, pharmaceutical care for patients receiving chemotherapy, drug information services, pharmaceutical care in community, consumer health protection, medication system management) and students can also choose compulsory clerkships as elective clerkships as well. Overall, pharmacy students are trained and practice under real clinical and/or community environments for at least two thousand hours.

In order to overcome the three main barriers that Professor Hudson identified, we have revised our pharmacy teaching program in Thailand. We believe that our graduated pharmacy students are highly qualified pharmacy practitioners. They have been well prepared not only by learning in classrooms but also by a significant amount of practical training in the clinical environment, working with doctors and other healthcare team as well as people in the local community.

Surarong Chinwong
surasong@gmail.com
Pharmacists have the relevant knowledge relating to medicines and health to provide the patients with information they need to improve outcomes. They can coach and motivate patients to increase health literacy, use medications correctly, and adhere to treatment regimens. Thus, they represent the transitional zone between theory and patient care. In this Spring conference, our wish and vision is to promote methods of improving adherence to healthcare professionals, such as, but not limited to, pharmacists, physicians, nurses, dentists, psychologists, who think "A bird in the hand is worth two birds in a bush".

The International Workshop will start on Monday 13th June 2016. The two day will provide a variety of plenary lectures alternating with workshops on different themes related to medication (non-)adherence. The workshop will end on Tuesday 14th June in late afternoon.

Plenary lectures
- Setting the scene of non-adherence
- Interventions to improve adherence
- Patient involvement/shared decision making
- Tele-health (e-health)

Interactive workshops
- Measuring adherence/detecting non-adherent patients
- Communication techniques
- Tele-health / e-health
- Implementation of interventions

Clinical pharmacists are frequently asked to advice on appropriate therapies, from either pharmaceutical/medical or economic perspectives. The main theme of the symposium reflects the increasingly widening gap between what is technologically possible to achieve with medicines, their increasing cost, and what is affordable to society and individual patients. The final day of the symposium concerns long-term conditions in children and antimicrobial resistance, two major public health issues where appropriate use of medicines is vital to achieve good outcomes for patients and the society.
For Your Diary

**2016**

**To be confirmed**

Basel (Switzerland)

ESCP International Workshop

“Medication adherence: from theory to daily patient care”

**5-7 October**

Oslo (Norway)

45th ESCP Symposium on Clinical Pharmacy

“Clinical pharmacy tackling inequalities and access to health care”

**New Members**

France

D’Ollone Estelle ................... Paris
Delage Clement ................... Paris

Greece

Panagi Zoi ....................... Patras

Hong Kong

Poon Ho Him ............... Hong Kong

Italy

Baldo Paolo ................... Portogruaro

Kuwait

Al-Taweel Dalal .............. Safat

Switzerland

Schneider Marie .............. Lausanne
Pfiffner Miriam .............. Uster

Turkey

Tezcan Songul .............. Istanbul

2016 Membership fees

<table>
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<th>Membership Type</th>
<th>1 year</th>
<th>3 years</th>
<th>5 years</th>
<th>Student</th>
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<tr>
<td>Full Membership</td>
<td>€ 85</td>
<td>€ 215</td>
<td>€ 340</td>
<td>€ 25</td>
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Dual membership (SFPC or SIFO)

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<td>Dual membership</td>
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<td>€ 175</td>
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Membership 2016

Address: [http://www.escpweb.org](http://www.escpweb.org)

Deadlines for submission of material:

For issue number 171 is 2 April 2016.